

Editorial

Malnutrition is a well recognized facet of life in developing countries, including those in Africa. There is, unfortunately, very little known about the nutritional status of the inhabitants and the nutritive value and composition of the various foods consumed. Malnutrition, including protein calorie deficiency, is very important because it is a vital prognostic factor in certain diseases which affect the younger age groups. In this issue, Idusogie provides inferential evidence in experimental animals, that lysine is probably the first limiting amino-acid in coconut protein. Although the protein in rice has a high biological value, it is inadequate for growing children. Supplementation of rice diet with isolated coconut protein or kidney bean powder, in appropriate proportions, will supply the lysine which is deficient in rice and to a lesser extent other amino-acids such as isoleucine, threonine and methionine. The experimental data reported, using young growing rats, indicates that by the addition of relatively small amounts of coconut protein isolates to rice diet, the latter is improved considerably. It will be highly significant if this can be confirmed in humans and subsequently translated to human populations in practical terms; particularly in areas where coconuts are abundant and inexpensive.

Like several other medical disciplines in developing countries, ophthalmology is still in its infancy. There are several and diverse problems which bedevil the few practitioners of the speciality particularly in Africa. The social and cultural beliefs of the afflicted inhabitants are extraneous factors which sometime complicate the natural history of some of the ophthalmological conditions. Blindness for example, is still relatively common and donation of alms to the blind is regarded as a means of propitiating the gods. Although there are few reports on the aetiological factors responsible for irreversible blindness in Africa (such as trachoma, onchocerciasis, glaucoma and toxoplasmosis etc.), there are no reports on spontaneous reversible blindness of central origin. Olurin reports on twenty-two cases of reversible cortical blindness encountered in young Nigerian patients. The aetiopathogenesis of blindness in some of the patients is similar to those already reported in the literature. For example, it may be a sequel to anoxia following cardiac arrest or asphyxia neonatorum, bacterial infections of the meninges, hydrocephalus and hyperpyrexial states. In addition, however, Olurin discusses the possible aetiological role of severe malaria infection and also viral encephalitis.

In the group of eight children with malaria fever, there was hyperpyrexia and prolonged convulsions. After the cessation of convulsions, coma ensued but later, neurological deficits were only noted in some patients. Cortical blindness appeared late in the course of the illness and recovery from blindness was observed about 2 months later. Although the mode of onset of blindness could not be ascertained, because of the age of the patients, the reversibility of blindness pointed to a self-limiting pathological process. This may be metabolic or vascular. The selective vulnerability of the occipital cortex is well recognized

particularly to anoxia and convulsions. The exact role played by the malaria parasite in the pathogenesis of the blindness is not known but this requires further studies. Behavioural abnormalities in children who may have suffered from febrile convulsions may be due to cortical blindness, amongst other causes. The clinical observation that the blindness may recover is therefore of significance in prognosis.

It is conceivable that the condition of reversible cortical blindness is grossly under-diagnosed in view of the high frequency of febrile convulsions in African children. Of relevance is the irreversible cortical blindness seen in adult Nigerian women, particularly in the childbearing age, with metastatic chorioncarcinoma to both occipital cortices. The evoked occipitogram (EVOG) as been found to be of some value in the detection of cortical blindness. Application of this technique will facilitate diagnosis and give a more accurate information of its frequency in risk populations. Furthermore, a longitudinal study of patients, using the EVOG, will be of great value in elucidating this problem further.

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